

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
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6	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	17	1	1	1	1	1
TOTAL CLAIMS	20					

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100				
TOTAL IND.		1	1	1
TOTAL DEP.		1	1	1
TOTAL CLAIMS				

Best Available Copy